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Patent and Trademark

## REQUEST FOR WITHDRAWAL AS ATTORNEY

Docket Number (Optional)

0166

CERTI	FICA	TF	OF	MAII	INC

I hereby certify that this correspondence is being condited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231

Marilen School

In re Application of

Martin Brady

Application Number

O9/2 28,109

Group Art Unit Examiner

3724

D. Walts

OLI SU BER BE

Assistant Commissioner for Patents Washington, DC 20231

GAU3724

The following attorney(s) or agent(s) apply to withdraw in the above identified application: (give name(s) and registration number(s))

Robert H. Earp, III, Registration No. 41,004

1. The correspondence address is NOT affected by this withdrawal.

2. Change the correspondence address and direct all future correspondence to:

APPROVED E. Rollins-Cross

Signature of attorney/agent representing the withdrawing practitioners

Robert H. Earp, III, Registration No. 41,004

Typed or printed name and registration number

Date: October 14, 1999

Director, Group 3700

Address:

22 Green Street Dayton, Ohio 45402

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.